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HDP/SB/21 based on PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/594,882
Filing Date	September 29, 2006
Inventor(s)	Nils AVEBY
Group Art Unit	3643
Examiner Name	Kristen C. Hayes
Attorney Docket Number	19200-000068/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	MAIL STOP AMENDMENT	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.		Attorney Name John A. Castellano	Reg. No. 35,094
Signature				
Date	June 14, 2010			

917036.1

**OPA
FEE TRANSMITTAL
for FY 2009**

JUN 14 2010

Effective 2/6/06. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 490	Complete if Known Application Number 10/594,882 Filing Date September 29, 2006 First Named Inventor Nils AVEBY Examiner Name Kristen C. Hayes Art Unit 3643 Attorney Docket No. 19200-000068/US
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																								
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Deposit Account Number 08-0750		Deposit Account Name Harness, Dickey & Pierce, P.L.C.		3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Large Entity</th> <th style="width: 25%;">Small Entity</th> <th colspan="4"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td colspan="2">Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td colspan="2">Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td colspan="2">Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td colspan="2">For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td colspan="2">Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td colspan="2">Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>130</td> <td>2251</td> <td>65</td> <td colspan="2">Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>490</td> <td>2252</td> <td>245</td> <td colspan="2">Extension for reply within second month</td> <td>490.00</td> </tr> <tr> <td>1253</td> <td>1,110</td> <td>2253</td> <td>555</td> <td colspan="2">Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,730</td> <td>2254</td> <td>865</td> <td colspan="2">Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,350</td> <td>2255</td> <td>1,175</td> <td colspan="2">Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>540</td> <td>2401</td> <td>270</td> <td colspan="2">Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>540</td> <td>2402</td> <td>270</td> <td colspan="2">Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,080</td> <td>2403</td> <td>540</td> <td colspan="2">Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>540</td> <td>2452</td> <td>270</td> <td colspan="2">Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,620</td> <td>2453</td> <td>810</td> <td colspan="2">Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1462</td> <td>400</td> <td>1462</td> <td>400</td> <td colspan="2">Petition fee under 37 CFR 1.17(f)</td> <td></td> </tr> <tr> <td>1463</td> <td>200</td> <td>1463</td> <td>200</td> <td colspan="2">Petition fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1464</td> <td>130</td> <td>1464</td> <td>130</td> <td colspan="2">Petition fee under 37 CFR 1.17(h)</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td colspan="2">Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td colspan="2">Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>14</td> <td>-24 **</td> <td>= 0</td> <td>X</td> <td>= 0</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-4 **</td> <td>= 0</td> <td>X</td> <td>= 0</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>= 0</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (1) (\$ 0)</td> <td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (3) (\$ 490)</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (2) (\$ 0)</td> <td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (4) (\$ 0)</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;">Other fee (specify) _____</td> <td colspan="4" style="text-align: right; padding: 5px;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="4" style="text-align: right; padding: 5px;">4. 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**or number previously paid, if greater; For Reserves, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	John A. Castellano	Registration No. (Attorney/Agent)	35,094	Telephone	703-668-8000
Signature				Date	June 14, 2010

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.